

# Study Timeline

September	October	November	December
Food Frequency			Food Frequency
	Dietary Recall		
Mental/Motor Function			Mental/Motor Function
Youth Self Report			Youth Self Report
Body Composition			Body Composition
Physical Fitness			Physical Fitness
Blood Draw			Blood Draw
Vision/Hearing			
Teacher Report Form			Teacher Report Form
Demographics			
Health History			
Health Log			
Child Behavior CheckList			Child Behavior CheckList
50 boys/50 girls	0 mg Zn/day		
50 boys/50 girls	10 mg Zn/day		
50 boys/50 girls	20 mg Zn/day		